



7-26-06

I.P.A.S.

AMENDMENT TRANSMITTAL LETTER

Docket No.
20050/0200474-US0

| | | | |
|---|----------------------------------|----------------------------|------------------|
| Application No. 10/705,780-Conf. #4388 | Filing Date November 10, 2003 | Examiner J. F. Stephens | Art Unit 3761 |
|---|----------------------------------|----------------------------|------------------|

Applicant(s): Satoshi Mizutani et al.

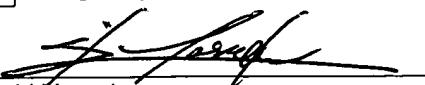
Invention: INTERLABIAL PAD

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED | | | | | |
|--|----------------------------------|--------------------------------|-----------------------------|--------|-------|
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 29 | - 28 = | 1 | x 0.00 | 50.00 |
| Independent Claims | 1 | - 3 = | | x | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 50.00 |

 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. 04-0100 in the amount of \$. A duplicate copy of this sheet is enclosed. A check in the amount of \$ 50.00 to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.
Hiroyuki Yasuda
Attorney/Agent Reg. No.: 55,751

Dated: July 24, 2006

DARBY & DARBY P.C.
P.O. Box 5257
New York, New York 10150-5257
(212) 527-7685



JUL 24 2006

PATENT & TRADEMARK OFFICE

Application No. (if known): 10/705,780

Attorney Docket No.: 20050/0200474-US0

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. in an envelope addressed to: FV834736771-US

MS: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on July 24, 2006
Date

Lillian Garcia
Signature

Lillian Garcia
Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Amendment in Response to Non-Final Office Action (15 pgs)

Amendment Transmittal (1 pg)

Fee Transmittal (1 pg)

Return postcard

Check No. 12277 in the amount of \$50.00

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

JUL 24 2006
PATENT & TRADEMARK OFFICE

Fee Transmittal

FEE TRANSMITTAL For FY 2006

Fee Transmittal
Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 50.00)

| Complete if Known | |
|--------------------------|------------------------|
| Application Number | 10/705,780-Conf. #4388 |
| Filing Date | November 10, 2003 |
| First Named Inventor | Satoshi Mizutani |
| Examiner Name | J. F. Stephens |
| Art Unit | 3761 |
| Attorney Docket No. | 20050/0200474-US0 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

| | |
|---|---|
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues) 50 25

Each independent claim over 3 (including Reissues) 200 100

Multiple dependent claims 360 180

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|---------------------|---------------------|-----------------|----------------------|--------------------------------------|
| 29 | - 28 = 1 | x _____ | = 50.00 | Fee (\$) Fee Paid (\$) |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|----------------------|---------------------|-----------------|----------------------|
| 1 | - 3 = | x _____ | = _____ |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

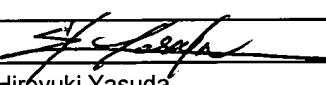
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---------------------|---------------------|---|-----------------|----------------------|
| - 100 = | /50 | (round up to a whole number) x | = | \$50.00 |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

| SUBMITTED BY | | | | | |
|---------------------|---|--------------------------------------|--------|-----------|----------------|
| Signature |  | Registration No. (Attorney/Agent) | 55,751 | Telephone | (212) 527-7685 |
| Name (Print/Type) | Hirayuki Yasuda | | | Date | July 24, 2006 |



Docket No.: 20050/0200474-US0
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Satoshi Mizutani et al.

Application No.: 10/705,780

Confirmation No.: 4388

Filed: November 10, 2003

Art Unit: 3761

For: INTERLABIAL PAD

Examiner: J. F. Stephens

RESPONSE TO NON-FINAL OFFICE ACTION

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated April 24, 2006, please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

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01 FC:1202 50.00 OP